



THE UROLOGICAL SOCIETY OF INDIA

APPLICATION FORM FOR MEMBERSHIP CONVERSION

Please paste your recent passport size photograph

Membership No. _____

Name _____ Gender M/F

(Use Block Letters)

First Name

Middle Name

Surname

Address for correspondence

Pin Code _____ Mobile _____

Tel. (Res.) _____ Tel. (Office) _____

Email ID _____ Date of Birth _____

Qualifications: (Please attach a copy)

Degree/Diploma _____ Date _____ Institution/University _____

For change of membership category: [Associate to Full] (Please fill the complete form)

Membership No. : _____ Present Category: _____

Year of Joining USI: _____ Reason for change: _____

I declare that the information given by me as above is correct and if elected, I agree to abide by the constitution of the Urological Society of India.

Place _____

Date _____

Signature of the applicant

Please send the following by post or courier (1) Duly filled Conversion form (2) Certified / attested copies of the degree certificate (3) A valid photo ID (Aadhaar card / Voter card / Driving License / Passport).

Navneet Arora, CEO

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